:

PLACE OF BIRTH		NA STATE	E BOARD O	F HEALTH e Index No.1085
strict of	RIGINAL CERT	TIFICATE OF		Register No. 7
wn of Meaner			Local Re	gistrar's No
or of	(No		St;	Ward)
JULL NAME OF CHILD Beat Supplemental Control of the	ntal Report on bly	~	OM local registrar.	Born YES
Sex of Thing Triplet or other	and Numbe in orde of birth	r Legiti	(Mont)	191.
Rill FATHER Name Celfred Hawre	Pascoc	3.00110	MOTHER Nathe Y	eal
Residence Micanie		Residence -	Meani	
Folor Age at las Birthday		Color or Race	White Age a	
Birthplace Texas		Birthplace Virgin ca		
Occupation Welder		Occupation	Honres	rfe
Aumber of child of this mather	n, of this mother, now living	/ Were preca	autions taken against Ophthalmia	neonatorum?
CERTIFICATE	OF ATTENDING	PHYSICIAN	OR MIDWIFE*	
I hereby certify that I attended the bir	th of the above chi	ld; and that it oc	curred on Klip	01917, at 11 M.
When there is no attending physi- cian or midwife, then the householder thould make this return.		Signature) (Atter	herles Es	vife, householder.)
Given or Christian name added from	• 0	Address	Maurie	100
supplemental report191	Filed Try	<u>5 191 7.</u>	John o	REGISTRAR.
275 - 1200 - 45 COUNTY REGISTRAR	3 Filed Jely (A True Cop		front 1